## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-24-2010</u>	Address:	3246 South Wallick Rd.
Case #:	<u>16-19971</u>		Peru. LN 46970
County:	<u>Miami</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemie	onal Lab al/Glassware/Equipment (only) ite (only)	<ul><li>☐ Residence</li><li>☐ Outbuilding</li><li>☐ Vehicle</li></ul>	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
☐ Lithium/Ammonia Reaction(s): garage			
☐ Red Phosphorous/Iodinc Reaction(s): N/A			
☐ Flammable Solvents: garage			
Water Reactive Metal (Lithium): burn pile			
Anhydrous Ammonia: N/A			
☐ Hydrochloric Acid Gas Generator(s): garage			
Corrosive Acid: garage			
Corrosive Base: garage			
Other (item and location): N/A			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin Retail/Mo	e Information e/Pseudoephedrine Tracking Log erchant Tip Pinvestigation
This report	t is to be faxed to the following agen	cies that serve the k	ocation:
Fire Depart	ment: Miami County	Fax: (765)	
Health Department: Miami County		Fax: (765) Fax: <u>N/A</u>	<del>173-0285</del>
Child Prote	ction Service: N/A		
	information regarding this methampho g Officer: <u>Joshua Maller</u> Phot	etamine laboratory, c ne <u>(765) 473-6666</u>	ontact

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.